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U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
<b>OFFICIAL USE</b>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here 1:01-CV-463 Doc. 15 3/1/06	
Sent To <b>RICHARD BOHANNON 374-617</b> Street, Apt. No., or PO Box No. <b>CCE, P.O. BOX 5500</b> City, State, ZIP+4 <b>CHILLICOTHE OH 45601</b>	
PS Form 3800, April 2002 See Reverse for Instructions	